STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395367	A. BLDG: 00 B. WING:	04/20/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
OXFORD HEALTH CENTER STATE LICENSE NUMBER: **410302**	**7 EAST LOCUST STREET** **OXFORD, PA 19363**

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F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification survey, State Licensure survey, Civil Rights Compliance survey and complaint survey completed April 20, 2023, it was determined that Oxford Health Center, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey.	F 0000		
F 0684 SS=D		F 0684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	1) The physician was notified of blood sugar results that were above the ordered parameters for R2 and R85. No ill effects were experienced by either resident. 2) An audit of current residents who have physician orders to check blood sugars has been completed to ensure that physician/physician extender notification was completed for any resident with results above the ordered parameter. Variances noted and addressed with physician. 3) Licensed staff will be re-educated that the physician/physician extender must be notified of any blood sugar result above the ordered parameter. 4) Random audits of 5 residents with orders to check blood sugar will be completed weekly for 4 weeks and monthly for two months to ensure that the physician/physician extender was notified of any blood sugar result that was above the parameter. Audit results will be forwarded to the Quality Assurance Process Improvement team for review and recommendations.	Completion Date: **06/05/2023** Status: **APPROVED** Date: **05/03/2023**

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F 0684 SS=D	Continued from page 2 Based on review of clinical records and staff [illegible] failed [illegible] 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0684		
F 0943 SS=D		F 0943		

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F 0943 SS=D	Continued from page 3 483.95(c)(1)-(3) Abuse, Neglect, and Exploitation Training §483.95(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. §483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property §483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by:	F 0943	All employees will be trained in Abuse Neglect or exploitation, as per facility policy, prior to being assigned to resident care areas. Training will include education on facility policy, interventions on dealing with aggressive resident, reporting abuse without fear of reprisal recognizing burnout, what constitutes abuse, what constitutes reasonable suspicion of crime, definition of serious bodily harm, responsibility for reporting abuse, consequences of not reporting abuse and resident's right to privacy. Dietary Aide, Employee E4, hire date of 1/28/23, has completed abuse training. Certified Nursing Assistant, Employee E5, hire date of 2/3/23, did complete Relias computer Abuse training but paper compliance documentation was not available. Paper compliance completed. HR Coordinator will be responsible to assure every employee hired will complete Abuse Neglect or Exploitation training prior being assigned to resident care areas.	Completion Date: **06/01/2023** Status: **APPROVED** Date: **05/03/2023**

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F 0943 SS=D	Continued from page 4	F 0943	HR Coordinator will be responsible for auditing of all Abuse Neglect or Exploitation training for all new hires on an every two week basis. On-going audits will be conducted times 90 days to assure continued compliance and presented to monthly QA and quarterly QAPI by HR Coordinator.	

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F 0943 SS=D	Continued from page 5 Based on review of facility policy, review of personnel records, and interviews with staff, it was determined that the facility failed to ensure newly hired employees received the abuse training outlined in their policy for two of 5 personnel records reviewed (Employees E4 and E5). Findings include: Review of facility policy "Abuse Neglect or Exploitation" last revised October 24. 2022 revealed that all employees would be trained on abuse, neglect, mistreatment of residents, and misappropriation of resident's property prior to being assigned to resident care areas. Training would include education on facility policy, interventions on dealing with aggressive residents, reporting abuse without fear of reprisal, recognizing burnout, what constitutes abuse, what constitutes reasonable suspicion of crime, definition of serious bodily harm, responsibility for reporting abuse, consequences of not reporting abuse and resident's	F 0943		

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F 0943 SS=D	Continued from page 6 right to privacy. Review of Dietary Aide, Employee E4's personnel record revealed a hire date of January 28, 2023. Further review of Employee E4's personnel record failed to reveal any completed abuse training. Review of CNA, Employee E5's personnel record revealed a hire date of February 3, 2023. Further review of Employee E5's personnel record failed to reveal any completed abuse training. Interview with the Nursing Home Administrator and Director of Nursing on April 20, 2023, at 1:30 p.m. confirmed that there was no completed abuse training in the personnel file for CNA, Employee E5 and Dietary Aide E4. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18 (b) Management	F 0943		

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F 0943 SS=D	Continued from page 7	F 0943		

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P 1720	§ 211.5(f) Clinical records. (f) At a minimum, the resident's clinical record shall include physicians' orders, observation and progress notes, nurses' notes, medical and nursing history and physical examination reports; identification information, admission data, documented evidence of assessment of a resident's needs, establishment of an appropriate treatment plan and plans of care and services provided; hospital diagnosis authentication--discharge summary, report from attending physician or transfer form--diagnostic and therapeutic orders, reports of treatments, clinical findings, medication records and discharge summary including final diagnosis and prognosis or cause of death. The information contained in the record shall be sufficient to justify the diagnosis and treatment, identify the resident and show accurately documented information. This REGULATION is not met as evidenced by:	P 1720	Facility will ensure that each resident 's clinical record contains a dated discharge summary including the fianl diagnosis, prognosis, or summary of care. Discharge Summaries will be completed by the resident's attending physician. Medical Records will be responsible to assure all residents discharges have discharge summaries. Weekly audits will be completed by Medical Records to ensure compliance. Discharge Summary Audit results will be reported by Medical Records time 90 days to monthly QA and quarterly QAPI to assure on-going compliance.	Completion Date: **06/01/2023** Status: **APPROVED** Date: **05/03/2023**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 1720	Continued from page 1 Based on a review of clinical records, it was determined that the facility failed to ensure that each resident's clinical record contained a dated discharge summary including the final diagnosis, prognosis, or summary of care for one of the three residents reviewed (Resident 85). Findings include: Review of Resident 85's nursing progress notes dated March 14, 2023, at 11:17 p.m., revealed resident was transferred to the hospital for a HI blood sugar. The hospital record review revealed resident was admitted to the hospital on March 15, 2023, with a diagnosis of Acute Kidney Injury and Diabetic Ketoacidosis but did not return to the facility. Interview with the Nursing Home Administrator on April 20, 2023, at 10:00 a.m., confirmed Resident 85 discharge summary was not done.	P 1720		

Certified End Page

OXFORD HEALTH CENTER

STATE LICENSE NUMBER: 410302

SURVEY EXIT DATE: 04/20/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY